

SIKKIM



GOVERNMENT

GAZETTE

**EXTRAORDINARY
PUBLISHED BY AUTHORITY**

Gangtok

Saturday 12th March, 2016

No. 63

**GOVERNMENT OF SIKKIM
DEPARTMENT OF HEALTH CARE,
HUMAN SERVICES AND FAMILY WELFARE
TASHILING SECRETARIAT
GANGTOK**

No 30/HC,HS&FW.

Dated the 11/02/16

NOTIFICATION

Whereas the State Government has deemed it expedient and necessary to frame rules with regard to grant of Financial Assistance under Mukhya Mantri Jeevan Raksha Kosh Scheme to general public other than Government servants and their dependents referred for treatment outside the State (within India) by the State Medical Board for further specialized investigations and treatment;

Now, therefore the State Government is hereby pleased to make the following rules regulating the grant of Financial Assistance to general public other than Government servants and their dependents referred by the State Medical Board for treatment outside the State (within India) under Mukhya Mantri Jeevan Raksha Kosh Scheme, namely:-

**Short title and
commencement:-**

1. (1) These rules may be called the grant of Financial Assistance under Mukhya Mantri Jeevan Raksha Kosh Rules, 2015.
- (2) They shall come into force at once.

Definitions:-

2. In these rules, unless the context otherwise requires:-
 - (a) "Department" means the Health Care, Human Services and Family Welfare Department.
 - (b) "Government" means the State Government of Sikkim;
 - (c) "Local resident" means a person belonging to Bhutia, Lepcha and Nepali Community possessing Sikkim Subject Certificate or Certificate of Identification.

**Amount of
Financial
Assistance**

3. The amount of maximum financial assistance payable to the referred patients is Rs.2,00,000/- (Rupees two lakhs) only for APL (Above Poverty Line) patients and Rs. 3,00,000/- (Rupees three lakhs) only for BPL (Below Poverty Line) patients.

**Persons eligible
for the grant of
Financial
Assistance**

4. The financial assistance under this Scheme shall be provided only to those patients referred by the State Medical Board and who possesses valid Sikkim Subject Certificate (SSC) or Certificate of Identification (COI) or BPL (Below Poverty Line) patients whose names are recorded in the BPL list issued by the Department of Economics, statistics, monitoring and Evaluation (DESME), Government of Sikkim.

Rates

5. The room entitlement of the referred patients shall be general or economy ward only except for (All India Institute of Medical Science), New Delhi, and other Government Hospitals where the referred patient shall be allowed to avail treatment in private room due to difficulty in getting bed in general/ economy ward and also considering the reasonable charge of private room at Government run institutions. This shall be to a maximum of Rs.1000/- (Rupees One thousand) only per day or the actual room rate, whichever is lower. However, full payment shall be made for treatment availed of in Intensive Care Unit (ICU), Step Down Unit (SDU), Neonatal Intensive Care Unit (NICU), Isolation ward or any other similar type of room/ward as per WBHS (West Bengal Health Schemes) rates as applicable. Further, irrespective of hospital where treatment was availed, the maximum admissible rate of reimbursement shall be that of WBHS rate.

**Terms and
conditions**

6. (1) The actual amount of financial assistance to be provided to the referred patient within the stipulated financial limit shall be decided by the Treatment Outside Sikkim (TOS) Cell of the Health Care, Human Services and Family Welfare Department.
- (2) The referred patient in the Above poverty line (APL) category shall also be provided a onetime advance of Rs.5000/- (Rupees five thousand) only in the form of cash or cheque to meet up travel and other miscellaneous expenses, which shall be a part of the total sanctioned financial assistance. This assistance shall only be provided to patients from low socio-economic background. If necessary, the patient or the head of the family shall be asked to produce Income Certificate.
- (3) The BPL category patients shall also be provided a onetime advance of Rs. 10,000/- (Rupees ten thousand) only in the form of cash/cheque to meet up travel and other miscellaneous expenses, which shall be part of the total sanctioned financial assistance. This advance amount shall be released to the patients after the same is examined and vetted by the Head of the Finance representative posted in the Department.
- (4) The Below Poverty Line patients (hereinafter referred to as BPL) not eligible for treatment under the Sikkim State Illness Assistance Fund shall be granted treatment cost upto Rs. 3,00,000/- (Rupees three lakhs) only from Mukhya Mantri Jeevan Raksha Kosh fund as per the terms and conditions prescribed therein.

The BPL patients who have availed of the Rs. 1.5 lacs under the SSIAF (Sikkim State Illness Assistance Fund) also can avail of further Rs. 1.5 lacs under the MMJRK Scheme.

All the cases of Below Poverty Line patients shall be processed through the Sikkim State Illness Assistance Fund (SSIAF) Cell. BPL patients who have availed of advance under the SSIAF Scheme will not be allowed further advance under the MMJRK Scheme.

- (5) Sikkim Subject Certificate (SSC) or Certificate of Identification (COI) is mandatory for all patients above 20 (twenty) years of age or else such patients would be referred on "Cash payment" basis with reimbursement only after such papers are produced. The patients below 20 (twenty) years, of age shall submit their Birth Certificate along with copy of Sikkim Subject Certificate, Certificate of Identification of father.

A woman married to a Sikkim Subject Certificate/Certificate of Identification holder shall obtain Certificate of Identification within 2(two) years of marriage and a valid Marriage Certificate.

- (6) The financial assistance under this Scheme shall be in the form of cashless treatment, i.e the payment of the treatment shall be made to the empanelled hospital directly by the department, or in the form of cash payment, i.e the patient pays for the treatment and reimburses it later from the health department.

The reimbursement shall be within the financial limit and entitlement of the patient under the Scheme, subject to prior approval of the financial assistance.

- (7) The additional expenses over and above the entitled financial assistance shall be borne by the patient or patient party, an undertaking in this regard shall be obtained by the department before sending the patient for further investigations and treatment.
- (8) All patients availing cashless treatment facility under this Scheme shall avail treatment only in empanelled hospitals offering Central Government Health Scheme (CGHS)/or West Bengal Health Schemes (WBHS) rates. However, the State Government may reimburse the treatment cost if the treatment has been taken at All India Institute of Medical Science, New Delhi, Christian Medical College, Vellore and any empanelled hospital not having cashless facility or at any other Government Hospital on cash payment basis subject to prior approval and sanction for availing such treatment facility. The limit for treatment shall be as per Central Government Health Scheme (CGHS) or West Bengal Health Scheme (WBHS) rates only irrespective of the place of treatment.
- (9) In certain life threatening medical and surgical emergencies where patient avail treatment in empanelled or non-empanelled hospitals without prior approval/permission from the Department, the State Government may reimburse part of the treatment cost limiting to a maximum of 75% of the total treatment cost or as per the CGHS/WBHS rate subject to a maximum of Rs. 1.5 lacs on humanitarian ground if the claimant is able to justify the claim with valid supporting documents. Only reimbursement claimed within 6 (six) months of the treatment shall be considered.

- (10) The patient shall be allowed to avail financial assistance for follow-up treatment provided there is a balance from the previous sanctioned amount. However, the financial assistance in such cases shall be restricted to first follow-up treatment only except for cancer and other complicated cases.
- (11) The patient, if referred by the State Medical Board for illness other than the previous one, shall be allowed to avail fresh financial assistance under this scheme depending on the availability of funds.
- (12) Fertility treatment, dental implants, cosmetic/dental procedure and surgery, product manufactured/marketed as food supplement and certain orthopedic items such as special mattress, wheel-chairs, crutches, braces, and aids of similar nature will not be reimbursable.

**Revolving
for Fund
New Delhi
patients**

7. As per the approval accorded by the Government for the patients referred to New Delhi for medical treatment, their medical cost shall be met out of the revolving fund, the quantum of which shall be fixed by the state **government** and shall be operated by the Principal Resident Commissioner Sikkim House New Delhi. For the patients who are referred to places other than New Delhi, the fund will be operated by Secretary Health Care Human Services and Family Welfare Department. This fund shall be operated as per the following guide lines:-

- (1) The fund must be kept in a Nationalized bank under current account.
- (2) The said fund is to be jointly operated by the Pr. R.C. and the Account Officer New Delhi.
- (3) All the relevant books of account as mentioned under must be maintained.
 - (a) Cash Book (b) CAR (c) Bill register.

In addition to the above, the fund required for the disbursement to the concerned patient must be drawn through a proper bill form to be printed specially for this purpose.

All the books of accounts including all relevant records must be maintained properly which needs to be produced or shown to the Central Accountant General Auditor the Senior Officers of the department if so demanded.

- (4) The utilization certificate for funds so transferred from the Head Quarter must be submitted to the office of the Additional Director Accounts, (HC, HS &FW Department) as soon as the funds are utilized.
- (5) Detailed statement of accounts duly indicating the fund position including the amount disbursed to the patient along with their names address must be submitted to the office of the AD/Accounts on a quarterly basis.

**Operation
of Bank
Account**

8. For convenience of operation and timely payment, the accounts pertaining to "Mukhya Mantri Jeevan Raksha Kosh" shall be maintained in Savings Bank Account at State Bank of Sikkim (Main Branch).

However, if situation demands the department may seek approval from Finance, Revenue and Expenditure Department to transfer the Account to some other Nationalized Bank. The account shall continue to be operated jointly by officers from the Treatment Outside Sikkim Cell and Accounts Section of the Department.

Provision of hearing aids under the banner of Mantri Shravan Yojana".

9. As part of this scheme or sub-scheme, hearing aids shall be provided to needy patients on recommendation of the Ear, Nose and throat (ENT) Specialist of the STNMH Hospital under the banner of "**MUKHUYA MANTRI SHRAWAN SHAKTI SAMRIDHI YOJANA**". The maximum admissible assistance **Shakti Samridhi** under this Scheme shall be limited to Rs. 8000/- as one time assistance.

Sanctioning powers

10. The Secretary of the Department shall have financial power to grant approval and sanction of a maximum of Rs. 3.00 lacs (Rupees three lakhs) for Below Poverty Line (BPL) and 2.00 lacs (Rupees Two lakhs) for Above Poverty Line (APL) patients under the Mukhya Mantri Jeevan Raksha Kosh Scheme.

Power to and amend the rules

11. The State Government may review and amend the rules as and when deemed necessary.

By order and in the name of the Governor.

**DR. K. BHANDARI, DM
DIRECTOR GENERAL-CUM-SECRETARY TO THE GOVERNMENT OF SIKKIM
HEALTH CARE, HUMAN SERVICES & FAMILY WELFARE DEPARTMENT.**

